

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SEARCHED 5/22/00
SERIALIZED 5/22/00
APPLICANT(S) 099-54,882
FILED 5/22/00

5/22/00 099-54,882 5/22/00 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11	1	1	1	1	1	1
12						
13					1	
14					1	
15					1	
16					1	
17					1	
18					1	
19					1	
20					1	
21					1	
22					1	
23					1	
24					1	
25					1	
26					1	
27					1	
28					1	
29					1	
30					1	
31					1	
32					1	
33					1	
34					1	
35					1	
36					1	
37					1	
38					1	
39					1	
40					1	
41					1	
42					1	
43					1	
44					1	
45					1	
46					1	
47					1	
48					1	
49					1	
50					1	
TOTAL IND.			4		4	
TOTAL DEP.			4		19	
TOTAL CLAIMS			11		23	

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
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87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY

BEST AVAILABLE COPY

CLAIMS ONLY						Application Number 09/554,882	Filing Date 5/22/00					
						* May be used for additional claims or amendments						
CLAIMS	AS FILER 6919704		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	1						51					
2	1						52					
3	1						53					
4	1						54					
5	1						55					
6	1						56					
7	1						57					
8	1						58					
9	1						59					
10	1						60					
11	1						61					
12	1						62					
13	1						63					
14	1						64					
15	1						65					
16	1						66					
17	1						67					
18	1						68					
19	1						69					
20	1						70					
21	1						71					
22	1						72					
23	1						73					
24	1						74					
25	1						75					
26	1						76					
27	1						77					
28	1						78					
29	1						79					
30	1						80					
31	1						81					
32	1						82					
33	1						83					
34	1						84					
35	1						85					
36	1						86					
37	1						87					
38	1						88					
39	1						89					
40	1						90					
41	1						91					
42	1						92					
43	1						93					
44	1						94					
45	1						95					
46	1						96					
47	1						97					
48	1						98					
49	1						99					
50	1						100					
Total Indep	4						Total Indep					
Total Depend	19	1	1	1	1	1	Total Depend	1	1	1	1	1
Total Claims	23						Total Claims					